

**Request for Use
of the
State of Illinois Employee Sick Leave Bank**

Instructions: Employees should keep the completed pink copy and retain copies of all attachments for their records. A physician's statement is required and should be submitted with the completed white and yellow copies to:

The State of Illinois Sick Leave Bank Review Committee
503 Stratton Office Building, Springfield, IL 62706

<hr/> Name	<hr/> Social Security Number
<hr/> Agency	<hr/> Title
	<hr/> Bargaining Unit
<hr/> Agency Address	<hr/> Work Phone
<hr/> Home Address	<hr/> Home Phone

Employee explanation of nature of catastrophic illness or injury. You may use an attached sheet.

Number of Sick Days Requested _____

By my signature I declare that I am currently an active Sick Leave Bank member, will have used all available benefit time by _____, and am eligible to request use of the Sick Leave Bank.

<hr/> Employee Signature	<hr/> Date
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Sick Leave Bank Review Committee Decision

☐ Approve ☐ Deny